

# State of California—Health and Human Services Agency California Department of Public Health



Mark B Horton, MD, MSPH Director

## APPLICATION FOR WATER DISTRIBUTION OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

- The Water Distribution Operator Examination, Re-Examination, or Examination for Restricted Certificate Application form (CDPH 8631 (7/08)) must be filled out *completely* and postmarked by the final filing date of the examination you wish to participate in. For an application to be considered complete the following *must* be provided:
  - Personal information (name, date of birth, high school information, etc.),
  - Legible photocopies of an <u>official transcript</u> or <u>certificate of completion</u> (noting the number of hours/units of training completed) if specialized training is a requirement for the examination you wish to take. These are the only acceptable forms of verification of completion of a course.
  - A check or money order made out to CDPH-OCP.
  - Your original signature (preferably in blue ink)

### ALL INFORMATION MUST BE COMPLETED ON THE APPLICATION AND COURSEWORK VERIFIED EVEN IF YOU HAVE PREVIOUSLY SUBMITTED IT ON A DISTRIBUTION/TREATMENT APPLICATION.

- All minimum educational qualifications must be met by the final filing date of the exam you wish to participate in.
  If you are still attending a specialized training course at the time your application is submitted, your application will be rejected.
- If you are not sure of the requirements for a particular grade, either refer to the Regulations or contact this office for clarification before submitting your application as <u>FILING FEES ARE NONREFUNDABLE</u>.

#### **EXAMINATION FEES**

Grade 1 = \$50.00	Grade 2 = \$65.00	Grade 3 = \$100.00	Grade 4 = \$130.00	Grade $5 = $155.00$

### RE-EXAMINATION FEES (If previously failed)

Grade 1 = \$30.00	Grade 2 = \$45.00	Grade 3 = \$70.00	Grade 4 = \$95.00	Grade 5 = \$120.00

4. Mail completed application and filing fee to:

California Department of Public Health Operator Certification, MS# 7417 P.O. Box 997377 Sacramento, CA 95899-7377

Phone: (916) 449-5611 Fax: (916) 449-5654

### PROPOSED EXAM SITES (Grades 1-5)

Bakersfield	Northridge	Redding	San Jose	Torrance
Eureka	Oceanside	Sacramento	Santa Barbara	
Fresno	Orange County	Salinas	Santa Rosa	
Martinez	Palm Springs	San Bernardino	Stockton	
Modesto	Pasadena	San Diego	Sun Citv	

<sup>\*</sup> Exam sites are in the general vicinity of the cities listed and are subject to change.

Grade Level	Minimum Qualifications for Examination						
D1	High School or GED*						
D2	<ul> <li>High School or GED*</li> <li>AND</li> <li>One 36-contact-hour (3-unit) course of specialized training covering the fundamentals of water supply principles.</li> </ul>						
D3	<ul> <li>A valid grade D2 operator certificate.</li> <li>AND</li> <li>Two 36-contact-hour (3-unit) courses of specialized training that includes at least one course covering the fundamentals of water supply principles.</li> </ul>						
D4	<ul> <li>A valid grade D3 operator certificate.</li> <li>AND</li> <li>Three 36-contact-hour (3-unit) courses of specialized training that includes at least two courses in water supply principles.</li> </ul>						
<b>D</b> 5	<ul> <li>A valid grade D4 operator certificate.</li> <li>AND</li> <li>Four 36-contact-hour (3-unit) courses of specialized training that includes at least two courses in water supply principles.</li> </ul>						

<sup>\*</sup>High school/GED equivalency for grades 1 and 2 <u>ONLY</u> can be fulfilled with 1 year as an operator of a facility that required an understanding of a piping system that included pumps, valves, and storage tanks.

For more information about specialized training, please visit our website at <a href="http://www.cdph.ca.gov/certlic/occupations/Pages/DWopcert.aspx">http://www.cdph.ca.gov/certlic/occupations/Pages/DWopcert.aspx</a>

# APPLICATION FOR WATER DISTRIBUTION OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

Operator number		Exam results	Exam results			Date received					
App	plication approved for:										
	D1 D2 I	D3	D4 D	5							
Ack	knowledgement sent	Approva	sent								
App	plication NOT approved:	1									
	Insufficient specialize	d training	verification	- 11		T=					
	High school/GED info	rmation ir	complete	Certificate da	Certificate dated Certificate sent		it				
Comments			<b>.</b>								
		PLI	EASE	DO NO	T WR	ITE A	BOV	E THIS	S LIN	IE	
Pl	ease type or prin										
	PERSONAL II										
	Full Legal Name (last, fir	st, middle i	nitial, suffix)				Date of bir	of birth Social Se		ecurity number	
	Mailing address (number	r, street)					City	State ZIP code		ZIP code	
				To				Io			
	Work telephone number		ext.	Hon	ne telephone ni	umber		Cellul	ar telephone	e number	
Are you currently certified by the State of Cali water distribution operator?				of California as	a 🔲 Y	′es 🗌 No	Operator n	umber		Grade	
2.	EXAMINATIO			ON							
Grade D1 Grade D2			ade D2	Gra	ade D3		Grade D4		Grade D	 5	
	Exam <b>\$50</b>		☐ Exam	\$65	☐ Exam	n <b>\$100</b>		Exam <b>\$130</b>		Exam <b>\$155</b>	
	Re-Exam \$3			xam <b>\$45</b>	_	xam <b>\$70</b>		Re-Exam \$9		Re-Exam \$1	
ملد	(if previously fai			riously failed)		viously failed)		(if previously fa	iiled)	(if previously fa	iled)
X	Preferred exa	am Site	e (see co	over page 1	or a list	or exam	sites):				
Do you have an ADA Title I disability/impairment for which you may need assistance during the exam?						☐ No					
	<ul> <li>If yes, please encl specific accommod</li> </ul>				thorized to r	nake such a	ccacemar	ite) that decri	rihae tha		
							13363311161	ns) iriai uesci	ibes lite		
	Please indicate if	your rel	igious beli	efs prevent you		•	on Satur	day.		☐ Yes	□ No
	•	your rel	igious beli ter from yo	efs prevent you ur church stating		•	on Satur	day.		☐ Yes	□ No
3.	Please indicate if -If yes, please encl	your rel	igious beli ter from yo	efs prevent you ur church stating		•	on Satur	day.		☐ Yes	□ No
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### 4. SPECIALIZED TRAINING (For grades 2–5 applicants only. Grade 1 applicants proceed to item 5.)

You must fill in the course information below **AND** attach legible photocopies of **OFFICIAL TRANSCRIPTS** or **CERTIFICATES OF COMPLETION** as proof of attainment of the required course work (certificates of completion must include the number of hours of instruction completed). *Please include only that information which verifies completion of the required course work.* **PLEASE NOTE: COPIES OF REPORT CARDS OR UNOFFICIAL TRANSCRIPTS <u>ARE NOT</u> <b>ACCEPTABLE VERIFICATION OF COURSE WORK.** 

Each course must be a minimum of 3 units or 36 hours of continuous formal instruction and must be provided by an accredited academic institution or an organization accredited by the International Association of Continuing Education Training (IACET).

Grade D2 applicants: One course covering the fundamentals of water supply principles.

5.

**Grade D3 applicants:** Two courses, one of which must be in water supply principles, while the supplemental course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water or wastewater facility operation.

**Grade D4 applicants:** Three courses, two of which must be in water supply principles, while the supplemental course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water or wastewater facility operation.

**Grade D5 applicants:** Four courses, two of which must be in water supply principles, while the two supplemental courses can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water or wastewater facility operation.

Water Supply Principles					
Course title		Units/hours	Date completed		
Instructor's name	College or orga	or ganization			
Course title	L	Units/hours	Date completed		
Instructor's name	College or orga	ganization			
Supplemental Course (as stated above)	ľ				
Course title		Units/hours	Date completed		
Instructor's name	College or orga	rganization			
Course title	l	Units/hours	Date completed		
Instructor's name	College or orga	ganization			
SIGNATURE OF APPLICANT					
I, the undersigned, certify that I am the above-named appropriet; that I understand that any misrepresentations may of any certificate granted, pursuant to Section 106876 of	ay result in in	eligibility for the e			
Original signature (Please sign in blue ink) (Photocopie	s NOT accepted	) Date			

#### PRIVACY ACT DISCLOSURE

This information is required by the California Department of Public Health, Drinking Water Technical Programs Branch. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Section 63810. All information required on the application form must be provided by the applicant. Failure to complete any portion of this form may result in delay or denial of eligibility for examination and/or certification. The information provided is used to evaluate the applicant's eligibility for examination as a water distribution operator. No transfers of this information are anticipated. For more information, or access to your records, contact the California Department of Public Health, Drinking Water Program, Operator Certification Unit, MS# 7417, P.O. Box 997377, Sacramento, CA 95899-7377; telephone number (916) 449-5611.

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